

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/517734</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>400</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>400</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	<table border="1"><tr><td>0</td><td>8</td><td>--</td><td>1</td><td>5</td><td>4</td><td>0</td></tr></table>			0	8	--	1	5	4	0
0	8	--	1	5	4	0					
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>JAMALA Holland</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>									
OFFICE: <u>PCT</u>		<u>X209</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*